## PART B - FEE(S) TRANSMITTAL

Supplete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Pate

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885

| JAIN                                                                                                                                                                                                                                                                                | 7                                                 |                                                   | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1)-2/3-2005                                                                                                                                                                                                                                                                                                     |                                                         |                                                                                |  |
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|                                                                                                                                                                                                                                                                                     | correspondence including below or directed other  |                                                   | a) specifying a new corre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | spondence address; and/                                                                                                                                                                                                                                                                                         | or (b) indicating a separ                               | ould be completed where<br>correspondence address as<br>rate "FEE ADDRESS" for |  |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                        |                                                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                   |                                                         |                                                                                |  |
| 22503 7590 10/03/2006                                                                                                                                                                                                                                                               |                                                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Certifica                                                                                                                                                                                                                                                                                                       | te of Mailing or Transc                                 | nission                                                                        |  |
|                                                                                                                                                                                                                                                                                     | INGS, TX 78620                                    |                                                   | l he<br>Stal<br>add<br>tran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                         |                                                                                |  |
| L/05/2007 RMEBRAH1 00000033 10666544                                                                                                                                                                                                                                                |                                                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | William D. Davis (Depositor's name)                                                                                                                                                                                                                                                                             |                                                         |                                                                                |  |
| FC:1501 1400.00 OP 300.00 OP                                                                                                                                                                                                                                                        |                                                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Will                                                                                                                                                                                                                                                                                                            | ran W. Dang                                             | (Signature)                                                                    |  |
|                                                                                                                                                                                                                                                                                     |                                                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 | nber 31, 2006                                           | (Date)                                                                         |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                     | FILING DATE                                       |                                                   | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ATI                                                                                                                                                                                                                                                                                                             | ORNEY DOCKET NO.                                        | CONFIRMATION NO.                                                               |  |
| 10/666,544                                                                                                                                                                                                                                                                          | 09/19/2003                                        | 09/19/2003 Scott A. Geor                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 | 75622P006101 5556                                       |                                                                                |  |
| APPLN. TYPE                                                                                                                                                                                                                                                                         | SMALL ENTITY                                      | ISSUE FEE DUE                                     | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PREV. PAID ISSUE FEE                                                                                                                                                                                                                                                                                            | TOTAL FEE(S) DUE                                        | DATE DUE                                                                       |  |
| nonprovisional                                                                                                                                                                                                                                                                      | NO                                                | \$1400                                            | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$0                                                                                                                                                                                                                                                                                                             | \$1700                                                  | 01/03/2007                                                                     |  |
| EXAMINER                                                                                                                                                                                                                                                                            |                                                   | ART UNIT                                          | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ]                                                                                                                                                                                                                                                                                                               |                                                         |                                                                                |  |
| SINGH, RAMNANDAN P 2614                                                                                                                                                                                                                                                             |                                                   |                                                   | 379-418000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | J                                                                                                                                                                                                                                                                                                               |                                                         |                                                                                |  |
| 1. Change of corresponde                                                                                                                                                                                                                                                            | nce address or indicatio                          | n of "Fee Address" (37                            | 2. For printing on the patent front page, list  Davis & Associates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                 |                                                         |                                                                                |  |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence                                                                                                                                                                                                          |                                                   |                                                   | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (3) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (4) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (5) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (6) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (7) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (8) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (9) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (10) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (11) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (12) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (13) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (14) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (15) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (16) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (17) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (18) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (18) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (18) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (18) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (18) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (18) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (18) The names of up to 3 registered patent attorneys or agents OR, alternatively,  (18) The names of up to 3 registered pa |                                                                                                                                                                                                                                                                                                                 |                                                         |                                                                                |  |
| Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.                                                                                                 |                                                   |                                                   | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                 |                                                         |                                                                                |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)                                                                                                                                                                                                     |                                                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |                                                         |                                                                                |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. |                                                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |                                                         |                                                                                |  |
| (A) NAME OF ASSIC                                                                                                                                                                                                                                                                   |                                                   |                                                   | (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                 |                                                         |                                                                                |  |
| Silicon Laboratories, Inc. Austin, Texas                                                                                                                                                                                                                                            |                                                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |                                                         |                                                                                |  |
| Please check the appropri                                                                                                                                                                                                                                                           | ate assignee category or                          | categories (will not be p                         | rinted on the patent):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Individual Corpora                                                                                                                                                                                                                                                                                              | ation or other private gro                              | up entity Government                                                           |  |
| 4a. The following fee(s) a                                                                                                                                                                                                                                                          | are submitted:                                    | 4                                                 | b. Payment of Fee(s): (Plea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ase first reapply any pr                                                                                                                                                                                                                                                                                        | eviously paid issue fee s                               | hown above)                                                                    |  |
| ■ Issue Fee ■ A check is enclosed. ■ Publication Fee (No small entity discount permitted) ■ Payment by credit card. Form PTO-2038 is attached.                                                                                                                                      |                                                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |                                                         |                                                                                |  |
| Advance Order - #                                                                                                                                                                                                                                                                   |                                                   |                                                   | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                 |                                                         |                                                                                |  |
|                                                                                                                                                                                                                                                                                     | us (from status indicates                         |                                                   | b. Applicant is no lon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                 |                                                         |                                                                                |  |
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| Authorized Signature                                                                                                                                                                                                                                                                | William D.                                        | Dans                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 | per 31, 2006                                            |                                                                                |  |
| Typed or printed name                                                                                                                                                                                                                                                               | William D. Dav                                    | vis                                               | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Registration No.                                                                                                                                                                                                                                                                                                | 38,428                                                  |                                                                                |  |
| This collection of informan application. Confident                                                                                                                                                                                                                                  | ation is required by 37 Ciality is governed by 35 | CFR 1.311. The informati<br>U.S.C. 122 and 37 CFR | on is required to obtain or 1.14. This collection is es                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | retain a benefit by the pu                                                                                                                                                                                                                                                                                      | blic which is to file (and<br>es to complete, including | by the USPTO to process)<br>g gathering, preparing, and                        |  |

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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